

The seal of the Rosenberg Police Department is a large, circular emblem. It features a central five-pointed star surrounded by a wreath. Above the star is a banner with the word "CITY" and below it is a banner with the word "OF". The words "ROSENBERG" and "POLICE" are written in large, bold letters across the middle of the seal. At the bottom, there is a banner with three stars. The entire seal is enclosed in a circular border made of leaves.

## ROSENBERG POLICE DEPARTMENT

### Personal History Statement

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION:

☐ Police Officer/PID#: \_\_\_\_\_

☐ Civilian Jailer/PID#: \_\_\_\_\_

☐ Telecommunications Specialist/PID#: \_\_\_\_\_

## INSTRUCTIONS

### READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your Personal History Statement must be returned by the closing date that is posted/advertised.
2. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
3. If a question is not applicable to you, enter **N/A** in the space provided.
4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
5. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
6. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
7. Be sure that all five (5) copies of the "Authority To Release Personal Information" and the last page of the Personal History Statement are signed and notarized before the Application is returned. Failure to do so will result in disqualification.
8. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
9. You are responsible for furnishing any changes and/or updating your Personal History Statement as needed, such as address changes or telephone changes in writing.
10. Any candidate submitting an incomplete Personal History Statement **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your Personal History Statement **will be evaluated on completeness and neatness.**

**Prospective Applicants:**

The following is a list of the minimum requirements that must be met for a police position with this department:

1. Applicant must be TCOLE certified with a minimum Basic certification.
2. Applicant must be authorized to work in the United States on an unrestricted basis.
3. Applicant must be at least 21 years of age.
4. Applicant must have a high school diploma or equivalent.
5. Applicant is required have one of the following:
  - a. Forty (40) hours college credit from an accredited college or university, or
  - b. Four (4) years active duty military with honorable discharge, or
  - c. Two (2) years previous full time police officer experience
6. Applicant must have a valid Texas Driver's License.
7. Applicant must have no felony convictions.
8. Applicant must have no D.W.I. or D.U.I. convictions within the last ten years.
9. Applicant must have no convictions of a crime of domestic violence.
10. Convicted of family violence involving physical contact within the past ten (10) years.
11. Admission of any illegal drug use within the past five (5) years, or use of marijuana within the past two (2) years.
12. Applicant must be of outstanding moral character as confirmed through a background investigation.
13. Applicant must have good employment and credit histories as confirmed through a background investigation.
14. If having served in the Armed Forces, the applicant must have an honorable discharge.
15. Applicant must pass a basic reading and writing skills examination.
16. Applicant must be qualified to be licensed as a Texas Peace Officer.
17. Applicant must pass the minimum requirements of the Rosenberg Police Department Fitness Assessment Program.
18. Applicant must pass the minimum requirements of the Rosenberg Police Department Firearms Qualifications.
19. Applicant must pass an Oral Review Board.
20. Applicant will be required to pass a polygraph test.
21. Applicant must pass a psychological examination after an offer of employment has been made.
22. Applicant must pass a physical examination and drug screen after an offer of employment has been made.

**The following documents are REQUIRED and must be submitted with the application (copies are acceptable in most cases). Choose yes or no for each item. If you have chosen no, please explain. If not applicable, choose no and indicate "NA".**

**Have you provided:**

1. Copy of your valid Texas Driver's License (applicant must possess a valid Texas Driver's License prior to being offered employment)? Yes ☐ No ☐ \_\_\_\_\_
2. Copy of your Social Security card? Yes ☐ No ☐ \_\_\_\_\_
3. Copy of your High School Diploma or GED Certificate? Yes ☐ No ☐ \_\_\_\_\_
4. Copy of your DD-214 if applicable (must possess an honorable discharge)? Yes ☐ No ☐ \_\_\_\_\_
5. Copy of your Peace Officer Certificate from your police academy? Yes ☐ No ☐ \_\_\_\_\_
6. Copy of Marriage Certificate (if applicable)? Yes ☐ No ☐ \_\_\_\_\_
7. Dissolution of marriage papers (if applicable)? Yes ☐ No ☐ \_\_\_\_\_
8. Copy of your birth certificate? Yes ☐ No ☐ \_\_\_\_\_
9. **Sealed original certified** copy of your college transcript (no photo copy)? Yes ☐ No ☐ \_\_\_\_\_
10. Copy of your college diploma? Yes ☐ No ☐ \_\_\_\_\_
11. Copy of your Texas Peace Officer License and all training certificates awarded to you? Yes ☐ No ☐ \_\_\_\_\_
12. Copy of your Naturalization Papers (if applicable)? Yes ☐ No ☐ \_\_\_\_\_
13. Copy of current proof of automobile liability insurance? Yes ☐ No ☐ \_\_\_\_\_
14. Copy of a current Credit Report? Yes ☐ No ☐ \_\_\_\_\_
15. **Certified copy** of official court documents showing the disposition(s) and release from probation for any and all criminal charges (if applicable)? Yes ☐ No ☐ \_\_\_\_\_

**THE CITY OF ROSENBERG IS NOT RESPONSIBLE FOR NOTARIZING AND/OR COPYING REQUIRED DOCUMENTATION.  
BE SURE THIS IS HANDLED BEFORE YOUR APPLICATION IS SUBMITTED.**

### Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

Initial:

\_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

\_\_\_\_\_ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

\_\_\_\_\_ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

### **DISQUALIFICATION**

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

## WORK HISTORY

**Complete the following, do not say “see resume.”** Start with your most recent employment and work back. Be sure to include employer’s mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

<b>E M P L O Y M E N T  R E C O R D</b>	<b>1</b>	Name of employer (Firm, organization, etc.):			Area Code & Phone Number:	
	Address (Street & Numbers, City, State, Zip Code):					
	Dates of Employment (month, year) From:                      To:		Title of Position:		Salary or Earnings Starting \$                      Per                      Ending \$                      Per	
	Type of business organization:		Number of employees you supervised:		Name of Immediate Supervisor:	
	Description of duties, responsibilities, accomplishments:					
	Office machines/Equipment used:				Reason for Leaving:	
	Name of a Co-Worker:				Co-Worker contact information:	
	Identify any disciplinary actions you received. Explain:					
	Was there an unemployment period between previous employment and the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:					
	<b>2</b>	Name of employer (Firm, organization, etc.):			Area Code & Phone Number:	
	Address (Street & Numbers, City, State, Zip Code):					
	Dates of Employment (month, year) From:                      To:		Title of Position:		Salary or Earnings Starting \$                      Per                      Ending \$                      Per	
	Type of business organization:		Number of employees you supervised:		Name of Immediate Supervisor:	
	Description of duties, responsibilities, accomplishments:					
	Office machines/Equipment used:				Reason for Leaving:	
Name of a Co-Worker:				Co-Worker contact information:		
Identify any disciplinary actions you received. Explain:						
Was there an unemployment period between previous employment and the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:						

WORK HISTORY (cont'd)

**Complete the following, do not say "see resume."** Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

E M P L O Y M E N T  R E C O R D	<b>3</b>	Name of employer (Firm, organization, etc.):		Area Code & Phone Number:	
	Address (Street & Numbers, City, State, Zip Code):				
	Dates of Employment (month, year) From:                      To:		Title of Position:	Salary or Earnings Starting \$                      Per                      Ending \$                      Per	
	Type of business organization:		Number of employees you supervised:	Name of Immediate Supervisor:	
	Description of duties, responsibilities, accomplishments:				
	Office machines/Equipment used:			Reason for Leaving:	
	Name of a Co-Worker:			Co-Worker contact information:	
	Identify any disciplinary actions you received. Explain:				
	Was there an unemployment period between previous employment and the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				
	<b>4</b>	Name of employer (Firm, organization, etc.):		Area Code & Phone Number:	
	Address (Street & Numbers, City, State, Zip Code):				
	Dates of Employment (month, year) From:                      To:		Title of Position:	Salary or Earnings Starting \$                      Per                      Ending \$                      Per	
	Type of business organization:		Number of employees you supervised:	Name of Immediate Supervisor:	
	Description of duties, responsibilities, accomplishments:				
Office machines/Equipment used:			Reason for Leaving:		
Name of a Co-Worker:			Co-Worker contact information:		
Identify any disciplinary actions you received. Explain:					
Was there an unemployment period between previous employment and the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:					

WORK HISTORY (cont'd)

**Complete the following, do not say "see resume."** Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

E M P L O Y M E N T  R E C O R D	<b>5</b>	Name of employer (Firm, organization, etc.):			Area Code & Phone Number:	
	Address (Street & Numbers, City, State, Zip Code):					
	Dates of Employment (month, year) From:                      To:		Title of Position:		Salary or Earnings Starting \$                      Per                      Ending \$                      Per	
	Type of business organization:		Number of employees you supervised:		Name of Immediate Supervisor:	
	Description of duties, responsibilities, accomplishments:					
	Office machines/Equipment used:			Reason for Leaving:		
	Name of a Co-Worker:			Co-Worker contact information:		
	Identify any disciplinary actions you received. Explain:					
	Was there an unemployment period between previous employment and the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:					
	<b>6</b>	Name of employer (Firm, organization, etc.):			Area Code & Phone Number:	
	Address (Street & Numbers, City, State, Zip Code):					
	Dates of Employment (month, year) From:                      To:		Title of Position:		Salary or Earnings Starting \$                      Per                      Ending \$                      Per	
	Type of business organization:		Number of employees you supervised:		Name of Immediate Supervisor:	
	Description of duties, responsibilities, accomplishments:					
	Office machines/Equipment used:			Reason for Leaving:		
Name of a Co-Worker:			Co-Worker contact information:			
Identify any disciplinary actions you received. Explain:						
Was there an unemployment period between previous employment and the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:						

WORK HISTORY (cont'd)

<b>Complete the following, do not say "see resume."</b> Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.				
E M P L O Y M E N T  R E C O R D	7	Name of employer (Firm, organization, etc.):		Area Code & Phone Number:
	Address (Street & Numbers, City, State, Zip Code):			
	Dates of Employment (month, year) From:                      To:		Title of Position:	Salary or Earnings Starting \$                      Per                      Ending \$                      Per
	Type of business organization:		Number of employees you supervised:	Name of Immediate Supervisor:
	Description of duties, responsibilities, accomplishments:			
	Office machines/Equipment used:		Reason for Leaving:	
	Name of a Co-Worker:		Co-Worker contact information:	
	Identify any disciplinary actions you received. Explain:			
	Was there an unemployment period between previous employment and the one listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
	<i>If you need additional space, please continue on a separate sheet of paper.</i>			
Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions?)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been fired, released from probation, or asked to resign from any place of employment?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever resigned without giving two weeks-notice?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever resigned in lieu of termination?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?				Yes <input type="checkbox"/> No <input type="checkbox"/>
R E F E R E N C E S	List below three persons to whom we may refer for information about your character or qualifications. DO NOT INCLUDE EMPLOYERS, RELATIVES, OR SUPERVISORS. DO NOT INCLUDE MORE THAN ONE TEACHER OR PROFESSOR.			
	Name	Address (Street & No., City, State & Zip Code)	Occupation	Phone Number

## REQUEST FOR ENTRY LEVEL EXAMINATION

PROSPECTIVE APPLICANTS FOR PATROL POSITIONS IN THE ROSENBERG POLICE DEPARTMENT ARE REQUIRED TO TAKE AND PASS AN ENTRY LEVEL EXAMINATION OF READING AND WRITING SKILLS BEFORE BEING FURTHER CONSIDERED FOR EMPLOYMENT. NOTE THAT THIS EXAMINATION IS NOT THE SAME AS THE T.C.O.L.E. LICENSE EXAMINATION.

PLEASE COMPLETE THE INFORMATION BELOW. IF YOU HAVE TAKEN AND PASSED THE ENTRY LEVEL EXAMINATION AT ANOTHER AGENCY AND IF YOUR SCORES ARE AVAILABLE FROM THAT AGENCY, YOU WILL NOT NEED TO RETAKE THE EXAMINATION. IF YOU NEED TO TAKE THE EXAMINATION FROM US, YOU WILL BE NOTIFIED OF THE NEXT EXAMINATION DATE AND TIME.

ARE YOU LICENSED BY T.C.O.L.E.? YES NO

HAVE YOU TAKEN THE NATIONAL POLICE SELECTION TEST (POST) OF  
READING AND WRITING SKILLS AT ANOTHER DEPARTMENT? YES NO

IF YES, STATE WHICH DEPARTMENT AND WHEN

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**CITY OF ROSENBERG  
POLICE DEPARTMENT  
APPLICATION FOR EMPLOYMENT  
SUPPLEMENT I**

I understand that before being considered for employment, information contained in this application, along with any personal or private information relating to my background, including work record, educational history, military record, workman's compensation claims, medical records (physical and mental), polygraph, financial status, criminal record and general reputation, may be checked and be considered by the Rosenberg Police Department.

I also understand that any information obtained from a background investigation concerning me for employment purposes, will be confidential: and, that whether I am or am not accepted for employment, the Rosenberg Police Department, or any of its employees, will bear no obligation to reveal to me, or anyone, any information or explanation relating to the acceptance or rejection of this application including the background investigation report, physical exam and/or psychological report. I also understand that all information obtained from a background investigation, physical exam and/or psychological report concerning me remain the property of the City of Rosenberg.

I fully understand the conditions stated above, and authorize the release of any information that relates to me to be released to the Rosenberg Police Department for the purposes of the employment application and background investigation process.

---

SIGNATURE

---

DATE

I DO NOT AUTHORIZE THE RELEASE OF THE ABOVE STATED INFORMATION.

---

SIGNATURE

---

DATE

**CITY OF ROSENBERG  
POLICE DEPARTMENT  
APPLICATION FOR EMPLOYMENT  
SUPPLEMENT II**

I understand that before being considered for employment, and/or for future employment, with the Rosenberg Police Department, a consumer report (commonly known as a credit check) is required as a part of a background investigation. I understand that I will furnish the requested documentation and is hereby part of the employment application.

I also understand that should I be denied employment based, in whole or in part, on any information obtained from a consumer report, the information from the consumer report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation. The City before taking any adverse action based shall provide a description in writing of the rights of the consumer, as prescribed by the Bureau.

I fully understand the conditions stated above, and authorize the release of this information as it relates to me, to be released to the Rosenberg Police Department for the purposes of the employment application and background investigation process.

---

SIGNATURE

---

DATE

**This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681b(b) (2) (B), §1681b(b) (3), and §1681m.**

**CITY OF ROSENBERG  
POLICE DEPARTMENT  
APPLICATION FOR EMPLOYMENT  
SUPPLEMENT III**

You are required to complete this Qualification Inquiry and provide it to the City of Rosenberg with your completed application. In completing this form, you are advised that:

- (1) The purpose is to obtain information which will assist in determining whether you are eligible for hire by this department.
  - (2) You have a duty to complete this form. Any willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.
  - (3) Neither your answers nor any information or evidence gained by reason of your answers can be used against you in a criminal prosecution for a violation of Title 18, U. S. Code Section 922 (g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of agency disciplinary hearings should you be accepted for employment.
- A. Have you ever been arrested or convicted of a misdemeanor crime of domestic violence within the meaning of the statute (18 U.S.C. Sec. 922(g))? The term "misdemeanor crime of violence" means an offense that:

(a) is a misdemeanor under federal or state law; and (b) has, as an element, the use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Initial and date: YES \_\_\_\_\_ NO \_\_\_\_\_

- B. If you answered Yes to the first question, provide the following information with respect to the arrest or conviction:

Court/Jurisdiction: \_\_\_\_\_

Docket/Case Number: \_\_\_\_\_

Status/Charge: \_\_\_\_\_

Date Sentenced: \_\_\_\_\_

I hereby certify that, to the best of my information and belief, all the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including removal, and is also criminally punishable.

PRINTED NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name		First Name		Middle	Maiden	PID#
Mailing Address (if different from residence)					State & Zip Code	
Home Telephone No.		Work Telephone No.		Cellular No.		
Date of Birth		Social Security No.		Drivers License No. & State		
Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.						
Place of Birth (City, County, State, Country)				Are you a U.S. Citizen by Birth?		Are you a Naturalized Citizen?
Height	Weight	Eye Color	Hair Color	Scars, Tattoos (description and location) or other distinguishing marks		
Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s)						
List ALL E-Mail Addresses(S)						

## **MARITAL & FAMILY HISTORY**

### **CURRENT RELATIONSHIP**

Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Co-habiting <input type="checkbox"/>		Spouse's/Co-habitant's name (include maiden name)	
Spouse/Co-habitant's Address		Spouse/Co-habitant's Date of Birth	Date of Marriage
Spouse/Co-habitant's Employer(s)		Spouse/Co-habitant's Employer & Address	Spouse/Co-habitant's Home Telephone No
Roommate(s)(do not include parents or cohabitants)			Date(s) of birth

### **PREVIOUS RELATIONSHIPS**

Have you ever been:		Date of Marriage	Court or State issued
Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		Date of Separation, Divorce, Widowed	Court or State issued
Ex-spouse's Name		Date of Birth	Telephone Number
Have you ever been:		Date of Marriage	Court or State issued
Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		Date of Separation, Divorce, Widowed	Court or State issued
Ex-spouse's Name		Date of Birth	Telephone Number

### **RELATIVES (INCLUDE MAIDEN NAME)**

Father	Name	Complete Address	Phone Number	DOB
Mother				
Step-Father				
Step-Mother				
Sibling				
Sibling				

**CHILDREN (RELATED TO YOU OR YOUR SPOUSE)**

Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	
Relation <input type="checkbox"/> Natural <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child	Name	Date of Birth
	Address	

**RESIDENTIAL HISTORY**

- List all residences during the last ten years or since age 17. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

A. Current Residence - Street			City		State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email	
<input type="checkbox"/> NA	Names of those with whom you lived					

## RESIDENTIAL HISTORY (cont'd)

B. Former Address - Street			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip	Email	
<input type="checkbox"/> NA	Names of those with whom you lived				
Reason for moving					

C. Former Address - Street			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip	Email	
<input type="checkbox"/> NA	Names of those with whom you lived				
Reason for moving					

D. Former Address - Street			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip	Email	
<input type="checkbox"/> NA	Names of those with whom you lived				
Reason for moving					

E. Former Address - Street			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip	Email	
<input type="checkbox"/> NA	Names of those with whom you lived				
Reason for moving					

## RESIDENTIAL HISTORY (cont'd)

F. Former Address - Street			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip	Email	
<input type="checkbox"/> NA	Names of those with whom you lived				
Reason for moving					

G. Former Address - Street			City	State	Zip
From	To	If renting; property manager, rent collector or owner			Contact Number
Address of property mgr., rent collector, owner			City / State / Zip	Email	
<input type="checkbox"/> NA	Names of those with whom you lived				
Reason for moving					

## HOUSEMATES

Provide contact information for all housemates with whom you have resided during the past 10 years, or since the age of 17. DO NOT list anyone for whom you have already provided contact information. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what letter and page this refers to.

A. Name				Contact Number
Current Address - Street		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)			Email	

B. Name				Contact Number
Current Address - Street		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)			Email	

C. Name				Contact Number
Current Address - Street		City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)			Email	

## HOUSEMATES (cont'd)

D. Name			Contact Number	
Current Address - Street	City	State	Zip	
Nature of relationship (friend, relative, landlord, housemate only)			Email	

E. Name			Contact Number	
Current Address - Street	City	State	Zip	
Nature of relationship (friend, relative, landlord, housemate only)			Email	

F. Name			Contact Number	
Current Address - Street	City	State	Zip	
Nature of relationship (friend, relative, landlord, housemate only)			Email	

G. Have you ever been evicted or asked to leave a residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
H. Have you ever left a residence owing rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered yes to Questions G and/or H explain (include when, where and circumstances).	

**TRAFFIC RECORD****DRIVER'S LICENSE INFORMATION**

Have you ever possessed a driver's license issued by any state other than Texas? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If <b>yes</b> , give details below		
Driver's License Number	State	Date issued
Driver's License Number	State	Date issued
Have you <b>ever</b> had your driver's license suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give reason, date, and length of suspension:		
Date of Suspension	Length of Suspension	Reason for Suspension

## INSURANCE INFORMATION

Auto Insurance Carrier	Expires
Policy Number	

## ACCIDENT INFORMATION

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you found to be at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cause of Accident (e.g., ran red light, failed to control speed)

Date	Location	Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you found to be at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cause of Accident (e.g., ran red light, failed to control speed)

Date	Location	Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you found to be at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cause of Accident (e.g., ran red light, failed to control speed)

Date	Location	Police Report: Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you found to be at fault? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cause of Accident (e.g., ran red light, failed to control speed)

## VEHICLE INFORMATION

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

## CITATION INFORMATION

Identify all traffic citations you have received within the last 10 years, **excluding** parking tickets:

[illegible]

### **MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name	Address	Type (e.g., social, fraternal, professional)	From	To

### **T.C.O.L.E. AFFILIATIONS**

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

\*(Do **not** include regular peace officers whom you may know unless they are **employed** by TCOLE)

Name	Nature of Relationship	Years Known	Home Telephone
Address			Alternate Telephone

### **ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement? Yes ☐ No ☐

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made **OR** law enforcement was called? Yes ☐ No ☐

If **yes**, complete the following table:

Agency	Offense	Date	Location	Outcome

In detail, describe the above listed incidents (attach additional pages if needed):

Have the police **ever** been called to your home for any reason?

If yes, explain:

#### **Family Violence**

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does **not** include defensive measures to protect oneself.) (Texas Family Code Section 71.004)

If yes, explain:

#### **Assault**

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01)

If yes, explain:

#### **Criminal Offenses**

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense?

If yes, explain:

<b>Criminal Litigation</b>
Have you <u>ever</u> been placed on court probation as an adult?
If yes, explain:
<b>Criminal Litigation</b>
Were you <u>ever</u> required to appear before a juvenile court for an act which would have been a crime if committed as an adult?
If yes, explain:
<b>Civil Litigation</b>
Have you <u>ever</u> been a party to a civil suit or action (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?
If yes, explain:
<b>Civil Litigation</b>
Have you settled <u>any</u> civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?
If yes, explain:
<b>Anticipation of Litigation</b>
Do you anticipate being sued or named in any type of lawsuit or proceeding?
If yes, explain:
Have you or your spouse/partner <u>ever</u> been referred to Child Protective Services?
If yes, explain:
Have you <u>ever</u> been the subject of an emergency protective, restraining, or stay-away order?
If yes, explain:
Have you <u>ever</u> fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?
If yes, explain:
Have you <u>ever</u> filed a false insurance or workers' compensation claim?
If yes, explain:

<b>Undetected Acts</b>	
Within the past <b>seven</b> years <b>OR</b> at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?	
A. Annoying / obscene phone calls	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Assault (use of force or violence upon another)	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Assault (use of force or violence upon a family member)	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Brandishing a weapon (any type of weapon)	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Carrying a concealed weapon without a permit	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Contributing to the delinquency of a minor	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Defrauding an innkeeper (not paying for food or room at a hotel/motel)	Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Driving Under the influence of alcohol and/or drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Hit and run collision (no injuries)	Yes <input type="checkbox"/> No <input type="checkbox"/>
K. Hunting or fishing without a license	Yes <input type="checkbox"/> No <input type="checkbox"/>
L. Illegal gambling	Yes <input type="checkbox"/> No <input type="checkbox"/>
M. Impersonating a peace officer	Yes <input type="checkbox"/> No <input type="checkbox"/>
N. Indecent exposure (including flashing or mooning)	Yes <input type="checkbox"/> No <input type="checkbox"/>
O. Joyriding (using a car or other vehicle without owner's permission)	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Undetected Acts – Part 2</b>	
At any time in your life have you <u>ever</u> committed any of the following?	
A. Annoying / obscene phone calls	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Assault with a deadly weapon	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Theft of a vehicle and / or vehicle parts	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Burglary (entering a structure or vehicle to commit theft or other crime)	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Child molestation (performing unlawful acts with a child)	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Accessing, producing, or possessing child pornography	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Injury to a child / elderly / or disabled	Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Embezzlement (theft of money or other valuables entrusted to you)	Yes <input type="checkbox"/> No <input type="checkbox"/>

I. Felony drunk driving (involving injuries)	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Forcible rape or other act of unlawful intercourse / sexual activity	Yes <input type="checkbox"/> No <input type="checkbox"/>
K. Forgery (falsifying any type of document, check certificate, license, currency, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
L. Hit and run (with injuries)	Yes <input type="checkbox"/> No <input type="checkbox"/>
M. Hate crime	Yes <input type="checkbox"/> No <input type="checkbox"/>
N. Insurance fraud	Yes <input type="checkbox"/> No <input type="checkbox"/>
O. Theft (value of over \$500, or any firearm)	Yes <input type="checkbox"/> No <input type="checkbox"/>
P. Murder, homicide, or attempted murder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q. Perjury (lying under oath)	Yes <input type="checkbox"/> No <input type="checkbox"/>
R. Possession of an explosive / destructive device	Yes <input type="checkbox"/> No <input type="checkbox"/>
S. Robbery (theft from another person using a weapon, force, or fear)	Yes <input type="checkbox"/> No <input type="checkbox"/>
T. Stalking	Yes <input type="checkbox"/> No <input type="checkbox"/>
U. Blackmail or extortion	Yes <input type="checkbox"/> No <input type="checkbox"/>
V. Any other act amount to a felony	Yes <input type="checkbox"/> No <input type="checkbox"/>

### **FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives have ever been arrested? Yes ☐ No ☐

If **yes**, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

### **FINANCIAL HISTORY**

#### **INCOME**

Your current net monthly income	Source	Frequency
Spouse's current net monthly income	Source	Frequency
Name of personal financial institution	Type of account(s)	Year opened account(s)

#### **CREDITORS**

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, CitiFinancial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No

				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Current? <input type="checkbox"/> Yes <input type="checkbox"/> No

### DELINQUENT CREDIT INFORMATION

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, CitiFinancial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason
			Credit score

Check **any and all** that apply:

<input type="checkbox"/> I have bankruptcy personally or on behalf of a business.
<input type="checkbox"/> I have had credit accounts suspended, charged off, or cancelled for failure to pay.
<input type="checkbox"/> I have had personal or real property repossessed or foreclosed.
<input type="checkbox"/> I have written a check that was later returned for Non Sufficient Funds (NSF).
<input type="checkbox"/> I have failed to pay Federal, state, or other taxes.
<input type="checkbox"/> I have been delinquent on court-imposed alimony or child support payments.
<input type="checkbox"/> I have failed to file a tax return, when required by law.
<input type="checkbox"/> I have been disciplined regarding the use of a travel/credit card provided by an employer.
<input type="checkbox"/> I have had a lien placed against my property for failing to pay taxes or other debts.
<input type="checkbox"/> I am currently more than sixty (60) days delinquent on any debts.
<input type="checkbox"/> I have had a judgment entered against me.
<input type="checkbox"/> I have defaulted on any type of loan.
<input type="checkbox"/> I have applied for unemployment compensation.
<input type="checkbox"/> I have received unemployment compensation.
<input type="checkbox"/> I have had bills or debts turned over to a collection agency.
<input type="checkbox"/> I have had purchased goods repossessed.



## DRUG HISTORY

(It is imperative these declarations be answered with complete honesty and will be relayed to the Polygraph Examiner for consistency.)

Check any and all that may apply:

<input type="checkbox"/> I consume alcoholic beverages.	How often?	
<input type="checkbox"/> I have used Marijuana or Hashish.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Cocaine.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used LSD.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Heroin.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Methamphetamine.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Ecstasy / MDMA.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used illegal synthetic drugs (bath salt, Kush).	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Psilocybin (Magic Mushrooms).	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Barbiturates (Downers).	Last used? Explain	Number of Times
<input type="checkbox"/> I have used GHB (Date Rape Drug).	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Glue.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Mescaline.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Morphine.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used PCP / Angel Dust.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used Quaaludes.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used prescription drug(s) not prescribed to me.	Last used? Explain	Number of Times
<input type="checkbox"/> I have used performance-enhancing steroids not prescribed by a physician.	Last used? Explain	Number of Times
<input type="checkbox"/> I have sold or furnished controlled substances or prescription drugs to another person.	Explain details	Number of Times

## ADDITIONAL DECLARATIONS

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment for the position that you have applied for?

If yes, explain:

If it became necessary to take a human life in the course of your duties as a Police Officer, would anything prevent you from doing so? (Peace Officer Applicants Only):

If yes, explain

Identify any additional information you think should be considered in your application for the position you are seeking and/or any further explanation of answers to previous questions:

Explain (attached additional pages if needed):

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

**ROSENBERG POLICE DEPARTMENT  
AUTHORITY FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, respectfully request and authorize you to furnish the Rosenberg Police Department any and all information that you may have concerning me. This includes, but is not limited to, my educational history, character, medical records (physical and mental), employment and pre-employment records including background reports, polygraph report, efficiency ratings, complaints or grievances filed against me, and the records of attorneys at law whether representing me or another person in all criminal or civil cases in which I presently have, or have had an interest. This includes all information of a confidential or privileged nature and photostats of the same, if requested. This information is to be used to assist the Rosenberg Police Department in determining my qualifications and fitness for the position I am seeking.

I understand that any information obtained by a Personal History Background Investigation which is developed either directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my suitability for employment by the Rosenberg Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation report, psychological and/or physical reports developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

DATE OF BIRTH: \_\_\_\_\_

TEXAS DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SWORN AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF , 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
COMMISSION EXPIRATION